

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/550848

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		2				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		7				
18		7				
19		0				
20		0				
21		0				
22		0				
23		0				
24		0				
25		0				
26		0				
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28		0				
29		0				
30		0				
31		0				
32		0				
33		0				
34	1					
35		0				
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48						
49						
50						
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	46	←		←		←
TOTAL CLAIMS	48					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

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